

w.c.c.	# of	pending	cases:	

## State of Rhode Island and Providence Plantations

## Probidence, SC.

Distribution:

Rev 02/08

White: Original

## Morkers' Compensation Court

**Petition For Compensation Benefits of Deceased Employee** 

1	NAME OF PETITONER	Social Security Number  XXX – XX –	7.	NAME OF EMPLOYER OF DECEASED I	EMPLOYEE (Respondent)
		(last 4 digits only)			
2. RELATIONSHIP OF PETITIONER TO DECEASED EMPLOYEE		8.	BUSINESS ADDRESS (Street, No., City or	Town, State and Zip Code)	
3.	PETITIONER'S ADDRESS (Street, No., City or Town	State and Zin Code)	9.	NAME AND ADDRESS OF AGENT FOR	SEDVICE OF DDOCESS
3.	PETITIONER'S ADDRESS (Street, No., City of Town	i, State and Zip Code)	J 9.	NAME AND ADDRESS OF AGENT FOR	SERVICE OF PROCESS
4.	NAME OF DECEASED EMPLOYEE	Social Security Number	10.	NAME OF EMPLOYER'S INSURANCE CA	ARRIER ON DATE OF
		XXX – XX –		ALLEGED INJURY	
5.	DATE AND PLACE OF DEATH OF EMPLOYEE	(last 4 digits only)	11.	NATURE OF EMPLOYER'S BUSINESS	
3.	DATE AND PLACE OF DEATH OF EMPLOTEE		11.	NATURE OF EMPLOTER 3 BUSINESS	
6. DATE OF ALLEGED INJURY (Month, Day, Year, Time)			12.	DID INJURY OCCUR ON EMPLOYER'S F	PREMISES? Yes No
				IF NOT, WHERE DID INJURY OCCUR?	
13.	NAME(S) AND ADDRESS(ES) OF WITNESS(ES) T	OINIIIRV			
13.	NAME(3) AND ADDRESS(E3) OF WITNESS(E3) I	ONGORI			
14.	HOW DID INJURY OCCUR?				
14.	now bib injust occur:				
15.	NATURE AND EXTENT OF INJURY				
16.	NAME(S) OF PHYSICIAN(S) AND HOSPITAL(S) V	WHO RENDERED SERVICES			
17	WEEVLY WAGES AT TIME OF DURING		10	FIRST DAY OF LOST THE FROM WORL	7
17.	WEEKLY WAGES AT TIME OF INJURY		18.	FIRST DAY OF LOST TIME FROM WORK	X.
19	NAME AND TITLE OF PERSON IN EMPLOY OF E	EMPLOYER, WHO WAS NOT	IFIED O	R WHO HAD KNOWLEDGE OF INJURY TO	) DECEASED
	DID DECEASED EMPLOYEE RECEIVE WORKER	C' COMPENICATION DENIEEL	TC EOD	THE ABOVE INIURY?	
20.					zes □No
20.	UNDER A NON-PREDJUDICIAL AGREEMENT?	∐Yes □No □		A MEMORANDUM OF AGREEMENT? ☐Y	res □No
	UNDER A NON-PREDJUDICIAL AGREEMENT? UNDER A DECREE OF THE WORKERS' COMPEN	☐Yes ☐No UNSATION COURT? ☐Yes		A MEMORANDUM OF AGREEMENT? □Y □No	
20.	UNDER A NON-PREDJUDICIAL AGREEMENT?	☐Yes ☐No UNSATION COURT? ☐Yes		A MEMORANDUM OF AGREEMENT? ☐Y	
	UNDER A NON-PREDJUDICIAL AGREEMENT? UNDER A DECREE OF THE WORKERS' COMPEN	□Yes □No UNSATION COURT? □Yes SO WHERE?		A MEMORANDUM OF AGREEMENT? □Y □No	
21,	UNDER A NON-PREDJUDICIAL AGREEMENT? ☐  UNDER A DECREE OF THE WORKERS' COMPEN  WAS AN ESTATE OPENED? ☐ Yes ☐ No IF:	□Yes □No UNSATION COURT? □Yes SO WHERE?		A MEMORANDUM OF AGREEMENT? □Y □No	
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One Dorrance Plaza, Providence, Rhode Island 02903-3973.

Yellow: Agent for Service of Process/Employer Pink: Dependent/Attorney

Gold: Insurance Carrier